



EPA KEY CONTACTS FORM

OMB Number: 2030-0020
Expiration Date: 06/30/2024

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Mr.	First Name: Joshua	Middle Name: Kent
	Last Name: Shankles	Suffix:	
Title:	Governing Board Member		
Complete Address:			
Street1:	(b) (6)		
Street2:			
City:	Lubbock	State:	TX: Texas
Zip / Postal Code:	79413	Country:	USA: UNITED STATES
Phone Number:	575-441-3740	Fax Number:	n/a
E-mail Address:	joshua.shankles@gmail.com		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Robert	Middle Name:
	Last Name: Baxter	Suffix:	
Title:	Governing Board Member, Financial Chairperson		
Complete Address:			
Street1:	(b) (6)		
Street2:	(b) (6)		
City:	Lubbock	State:	TX: Texas
Zip / Postal Code:	79423	Country:	USA: UNITED STATES
Phone Number:	806-252-9739	Fax Number:	n/a
E-mail Address:	rbaxter2@liberty.edu		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Mr.	First Name: Joshua	Middle Name: Kent
	Last Name: Shankles	Suffix:	
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City:	Lubbock	State:	TX: Texas
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Phone Number:	575-441-3740	Fax Number:	n/a
E-mail Address:	joshua.shankles@gmail.com		

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Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

Complete Address:

Street1:
Street2:
City: State:
Zip / Postal Code: Country:
Phone Number: **Fax Number:**
E-mail Address: